

# Foster Family Home - Corrective Action Report

Provider ID: 1-190024

Home Name: Maria Fe McGehee, RN

Review ID: 1-190024-2

47-500A Waipaipai Street

Reviewer: Julie Hastings

Kaneohe HI 96744

Begin Date: 6/5/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)  
Home inspection completed for a 2 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 6/19/20.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)  
CG#1, CG#2, CG#3 : Fingerprint lapsed did on 11/9/2018. Was due on or before 11/9/2019. No current Fingerprint.  
HHM#3, HHM#4 have no fingerprint on file.

8.(a)(2)  
CG#1, CG#2, CG#3 : APS/CAN lapsed did on 11/9/2018. Was due on or before 11/9/2019. No current APS/CAN.  
HHM#3, HHM#4 have no APS/CAN on file.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:


41.(e)  
No Approval form for CG#3


## Foster Family Home Quality Assurance [11-800-50]

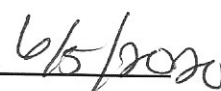
50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)  
Unable to access door to home. No doorbell present, aggressive dog blocking path to doorways.

  
Compliance Manager

  
Primary Care Giver


  
Date

6-5-20  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Maria Fe McGehee  
CCFFH Address: 47 - 500A Waipaipei St  
Kaneohe, HI 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	- Lapse cannot be corrected - CG#1, CG#2, CG#3 HHM#3, HHM#4 E-crim now on file, fingerprints will be obtained when field print open.	- 6/5/20 #3 #4 <u>6/20/20</u>	- calendar reminder for two months prior to expiration placed in binder
8.a.2	- Lapse cannot be corrected - CG#1, CG#2, CG#3 HHM#3, HHM#4 AD/CAN now on file.	6/5/20 #3 #4 <u>6/20/20</u>	Same as above
41.c.	CG#3, now has approval form in binder	<u>6/5/20</u>	All caregivers will have approval form in binder within 1 month of hire.
50.e.	Doorbell now installed outside	<u>6/15/20</u>	Will keep doorbell in working order

Primary Caregiver's Signature: 

Print Name: MARIA FE MCGEHEE

Date of Signature: 6/20/20